

Facility Name & ID Number Glenview Terrace Nsg. Ctr .

0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>305</u>	Skilled (SNF)	<u>305</u>	<u>111,630</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>305</u>	TOTALS	<u>305</u>	<u>111,630</u>	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>21,678</u>	<u>22,394</u>	<u>20,244</u>	<u>64,316</u>	8
9	SNF/PED					9
10	ICF	<u>31,235</u>	<u>5,975</u>		<u>37,210</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>52,913</u>	<u>28,369</u>	<u>20,244</u>	<u>101,526</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 90.95%

SEE ACCOUNTANTS' COMPILATION REPORT

D. How many bed-hold days during this year were paid by Public Aid?

None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 12/01/75

J. Was the facility purchased or leased after January 1, 1978?

YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number of beds certified 305 and days of care provided 17,217

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/04 Fiscal Year: 12/31/04

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Glenview Terrace Nsg. Ctr # 0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	539,625	132,977	8,985	681,587		681,587	4,885	686,472			1
2	Food Purchase		520,174		520,174	(83,741)	436,433	(3,862)	432,571			2
3	Housekeeping	434,718	75,988		510,706		510,706	15,179	525,885			3
4	Laundry	268,466	36,145		304,611		304,611		304,611			4
5	Heat and Other Utilities			310,982	310,982		310,982	4,428	315,410			5
6	Maintenance	134,134	75,141	113,849	323,124		323,124	(16,423)	306,701			6
7	Other (specify):*											7
8	TOTAL General Services	1,376,943	840,425	433,816	2,651,184	(83,741)	2,567,443	4,207	2,571,650			8
	B. Health Care and Programs											
9	Medical Director			86,000	86,000		86,000		86,000			9
10	Nursing and Medical Records	5,906,107	249,895	112,247	6,268,249		6,268,249	(272)	6,267,977			10
10a	Therapy	674,845	236		675,081		675,081		675,081			10a
11	Activities	251,462	31,050	2,400	284,912		284,912		284,912			11
12	Social Services	391,754		2,400	394,154		394,154		394,154			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	7,224,168	281,181	203,047	7,708,396		7,708,396	(272)	7,708,124			16
	C. General Administration											
17	Administrative	210,365		374,712	585,077		585,077	(285,278)	299,799			17
18	Directors Fees											18
19	Professional Services			502,362	502,362	(7,233)	495,129	(352,135)	142,994			19
20	Dues, Fees, Subscriptions & Promotions			415,151	415,151		415,151	(316,978)	98,173			20
21	Clerical & General Office Expenses	426,979	9,869	207,253	644,101		644,101	39,885	683,986			21
22	Employee Benefits & Payroll Taxes			1,623,237	1,623,237	83,741	1,706,978	(126,270)	1,580,708			22
23	Inservice Training & Education											23
24	Travel and Seminar			19,509	19,509		19,509	1,066	20,575			24
25	Other Admin. Staff Transportation			1,081	1,081		1,081		1,081			25
26	Insurance-Prop.Liab.Malpractice			441,769	441,769		441,769	1,094	442,863			26
27	Other (specify):*							62,430	62,430			27
28	TOTAL General Administration	637,344	9,869	3,585,074	4,232,287	76,508	4,308,795	(976,186)	3,332,609			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	9,238,455	1,131,475	4,221,937	14,591,867	(7,233)	14,584,634	(972,251)	13,612,383			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			133,335	133,335		133,335	1,246,118	1,379,453			30
31	Amortization of Pre-Op. & Org.							218	218			31
32	Interest			423,564	423,564		423,564	614,471	1,038,035			32
33	Real Estate Taxes					7,233	7,233	532,035	539,268			33
34	Rent-Facility & Grounds			2,000,000	2,000,000		2,000,000	(2,000,000)				34
35	Rent-Equipment & Vehicles			28,063	28,063		28,063	(6,412)	21,651			35
36	Other (specify):*			604	604		604	91,026	91,630			36
37	TOTAL Ownership			2,585,566	2,585,566	7,233	2,592,799	477,456	3,070,255			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	647,687	630,774		1,278,461		1,278,461		1,278,461			39
40	Barber and Beauty Shops	5,606			5,606		5,606		5,606			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			167,446	167,446		167,446		167,446			42
43	Other (specify):*	161,166		13,280	174,446		174,446	(161,167)	13,279			43
44	TOTAL Special Cost Centers	814,459	630,774	180,726	1,625,959		1,625,959	(161,167)	1,464,792			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	10,052,914	1,762,249	6,988,229	18,803,392		18,803,392	(655,962)	18,147,430			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(2,415)	02		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	308,036	30		9
10	Interest and Other Investment Income	(303,498)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,447)	02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(187)	21		18
19	Entertainment				19
20	Contributions	(18,740)	20		20
21	Owner or Key-Man Insurance	(126,270)	22		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(110,749)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(12,911)	20		28
29	Other-Attach Schedule	(873,650)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (1,141,831)		\$	30

OHF USE ONLY							
48		49		50		51	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	485,869		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 485,869		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (655,962)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Report Period Beginning:

Ending:

ID#

0026237

01/01/04

12/31/04

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Drivers and Gas	\$ (38,988)	43	1
2	Veterans Expense	(272)	10	2
3	Bank Charges	(27,780)	21	3
4	Credit Card Fees	(25,898)	21	4
5	Public Relations	(170,749)	20	5
6	Misc. Income	(120)	21	6
7	COPE Payments	(4,500)	20	7
8	Collection Fees	(20,217)	21	8
9	Admin. Consultant	(4,800)	19	9
10	Late Charges	(868)	32	10
11	Non-Allowable Interest	(124,961)	32	11
12	Non-Allowable Interest	(167,258)	32	12
13	Bldg Co - Accounting Fees	(9,198)	19	13
14	Bldg Co - Licenses & Fees	(250)	20	14
15	Non-Allowable Expense	(30,000)	21	15
16	Non-Allowable Auto Lease	(9,984)	35	16
17	Chamber of Commerce Dues	(623)	20	17
18	Capitalized R&M	(21,855)	06	18
19	NonAllowable Expense	(93,150)	21	19
20	Marketing Salary	(91,143)	43	20
21	NonAllowable Salary	(31,036)	43	21
22				22
23				23
24				24
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96				96
97				97
98				98
99				99
100				100
101	Total	(873,650)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Glenview Terrace Nsg. Ctr . # 0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary						4,885						4,885	1
2	Food Purchase	(3,862)											(3,862)	2
3	Housekeeping						15,179						15,179	3
4	Laundry													4
5	Heat and Other Utilities						4,428						4,428	5
6	Maintenance	(21,855)					5,432						(16,423)	6
7	Other (specify):*													7
8	TOTAL General Services	(25,717)					29,924						4,207	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records	(272)											(272)	10
10a	Therapy													10a
11	Activities													11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	TOTAL Health Care and Programs	(272)											(272)	16
	C. General Administration													
17	Administrative			(104,165)	(70,833)	755		(111,035)					(285,278)	17
18	Directors Fees													18
19	Professional Services	(13,998)	9,198	439	1,513	441	(349,757)	29					(352,135)	19
20	Fees, Subscriptions & Promotions	(318,522)	250			196	1,094	4					(316,978)	20
21	Clerical & General Office Expenses	(197,352)		1,257		2,242	233,729	9					39,885	21
22	Employee Benefits & Payroll Taxes	(126,270)											(126,270)	22
23	Inservice Training & Education													23
24	Travel and Seminar						1,066						1,066	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice						1,094						1,094	26
27	Other (specify):*			948	3,285	4,875	53,208	114					62,430	27
28	TOTAL General Administration	(656,142)	9,448	(101,521)	(66,035)	8,509	(59,566)	(110,879)					(976,186)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(682,131)	9,448	(101,521)	(66,035)	8,509	(29,642)	(110,879)					(972,251)	29

Summary B

12/31/04

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	308,036	920,366				17,707	9					1,246,118	30
31	Amortization of Pre-Op. & Org.						218						218	31
32	Interest	(596,585)	1,188,992				22,064						614,471	32
33	Real Estate Taxes		521,387				10,648						532,035	33
34	Rent-Facility & Grounds		(2,000,000)										(2,000,000)	34
35	Rent-Equipment & Vehicles	(9,984)					3,572						(6,412)	35
36	Other (specify):*		91,026										91,026	36
37	TOTAL Ownership	(298,534)	721,771				54,209	9					477,456	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops													40
41	Coffee and Gift Shops													41
42	Provider Participation Fee													42
43	Other (specify):*	(161,167)											(161,167)	43
44	TOTAL Special Cost Centers	(161,167)											(161,167)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(1,141,831)	731,219	(101,521)	(66,035)	8,509	24,567	(110,870)					(655,962)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Attached		See Attached		See Attached		
				Glenview Terrace Property LLC		Building Co.

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rent	\$ 2,000,000	Glenview Terrace Property LLC	100.00%	\$	\$ (2,000,000)	1
2	V	32	Interest Income/Expense	700	Glenview Terrace Property LLC	100.00%	60,517	59,817	2
3	V	19	Accounting Fees		Glenview Terrace Property LLC	100.00%	9,198	9,198	3
4	V	20	Licenses and Fees		Glenview Terrace Property LLC	100.00%	250	250	4
5	V	33	Real Estate Taxes		Glenview Terrace Property LLC	100.00%	521,387	521,387	5
6	V	36	MIP Insurance		Glenview Terrace Property LLC	100.00%	76,123	76,123	6
7	V	30	Depreciation		Glenview Terrace Property LLC	100.00%	920,366	920,366	7
8	V	32	Mortgage Interest		Glenview Terrace Property LLC	100.00%	1,129,175	1,129,175	8
9	V	36	Loan Amortization Costs		Glenview Terrace Property LLC	100.00%	14,903	14,903	9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 2,000,700			\$ 2,731,919	\$ * 731,219	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	J. RAJCHENBACH-COMP.	\$	JLR MANAGEMENT CORP.	100.00%	\$ 8,335	\$ 8,335	15
16	V	19	PROFESSIONAL FEES				439	439	16
17	V	21	OFFICE				1,257	1,257	17
18	V	27	PAYROLL TAXES				948	948	18
19	V								19
20	V								20
21	V	17	MARVIN NEEDLE-CONS. FEES						21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V	17	MANAGEMENT FEES	112,500				(112,500)	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 112,500			\$ 10,979	\$ * (101,521)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	BERNIE HOLLANDER-SAL.	\$	SHAYMARK MANAGEMENT CORP.	100.00%	\$ 41,667	\$ 41,667	15
16	V	19	PROFESSIONAL FEES				1,513	1,513	16
17	V	27	PAYROLL TAXES				3,285	3,285	17
18	V								18
19	V								19
20	V								20
21	V								21
22	V	17	MANAGEMENT FEES	112,500				(112,500)	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 112,500			\$ 46,465	\$ * (66,035)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMINISTRATIVE	\$	CAREPATH HEALTH NETWORK	100.00%	\$ 22,967	\$ 22,967	15
16	V	19	PROFESSIONAL FEES				441	441	16
17	V	20	FEES, SUBSCRIPTIONS				196	196	17
18	V	21	CLERICAL AND GENERAL				2,242	2,242	18
19	V	27	GEN ADMIN.- EMP. BEN.				4,875	4,875	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V	17	MANAGEMENT FEES	22,212				(22,212)	24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 22,212			\$ 30,721	\$ * 8,509	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	1	DIETARY	\$	ITEX COMPANY	100.00%	\$ 4,885	\$ 4,885	15
16	V	3	HOUSEKEEPING				15,179	15,179	16
17	V	5	UTILITIES				4,428	4,428	17
18	V	6	REPAIRS AND MAINT.				5,432	5,432	18
19	V	19	PROFESSIONAL FEES	360,185			10,428	(349,757)	19
20	V	20	FEES, SUBSCRIPTIONS				1,094	1,094	20
21	V	21	CLERICAL AND GENERAL				29,806	29,806	21
22	V	24	EDUCATION/SEMINARS				1,066	1,066	22
23	V	26	INSURANCE				1,094	1,094	23
24	V	27	EMPLOYEE BENEFITS				471	471	24
25	V	30	DEPRECIATION				17,707	17,707	25
26	V	31	AMORTIZATION				218	218	26
27	V	32	INTEREST				22,064	22,064	27
28	V	33	REAL ESTATE TAXES				10,648	10,648	28
29	V	35	EQUIPMENT RENTAL				3,572	3,572	29
30	V								30
31	V								31
32	V	21	CLERICAL SALARIES				203,923	203,923	32
33	V	27	GEN ADMIN. - EMP. BEN.				52,737	52,737	33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 360,185			\$ 384,752	\$ * 24,567	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	17	ADMINISTRATIVE	\$	INTERCARE, LTD. C/O MANAGCARE	100.00%	\$ 1,465	\$ 1,465	15
16	V	19	PROFESSIONAL FEES		INTERCARE, LTD. C/O MANAGCARE	100.00%	29	29	16
17	V	20	FEES, SUBSCRIPTIONS		INTERCARE, LTD. C/O MANAGCARE	100.00%	4	4	17
18	V	21	CLERICAL & GENERAL		INTERCARE, LTD. C/O MANAGCARE	100.00%	9	9	18
19	V	27	EMPLOYEE BENEFITS		INTERCARE, LTD. C/O MANAGCARE	100.00%	114	114	19
20	V	30	DEPRECIATION		INTERCARE, LTD. C/O MANAGCARE	100.00%	9	9	20
21	V								21
22	V	17	MANAGEMENT FEES	112,500	INTERCARE, LTD. C/O MANAGCARE	100.00%		(112,500)	22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$ 112,500			\$ 1,630	\$ * (110,870)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V			\$			\$	\$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			\$			\$	\$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg. Ctr . # 0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Bernard Hollander	Owner	Administrative	18.06%	See Attached	20.00	30.77%	Shaymark	\$ 41,667	17-7	1
2	Jack Rajchenbach	Owner	Administrative	9.80%	See Attached	6.00	9.23%	JLR	8,335	17-7	2
3	Mark Hollander	Relative	Administrative	0	See Attached	17.00	28.33%	Sal, Mgmt Fee	44,000	17-1, 17-3	3
4	Yosef Davis	Owner	Administrative	8.24%	See Attached	1.00	1.67%	Intercare	1,465	17-7	4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 95,467		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Ending: 12/31/04

Facility Name & ID Number Glenview Terrace Nsg. Ctr . # 0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization JLR MANAGEMENT CORP.
Street Address 6633 NORTH LINCOLN
City / State / Zip Code LINCOLNWOOD, IL. 60712
Phone Number (847) 679-9141
Fax Number (847) 679-1820

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	17	J. RAJCHENBACH-COMP.	AVG. HOURS WORKED	55	10	\$ 76,400	\$ 76,400	6	\$ 8,335	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	55	10	4,020		6	439	2
3	21	OFFICE	AVG. HOURS WORKED	55	10	11,524	9,614	6	1,257	3
4	27	PAYROLL TAXES	AVG. HOURS WORKED	55	10	8,689		6	948	4
5										5
6										6
7	17	MARVIN NEEDLE-CONS. FEES	AVG. HOURS WORKED	40	1	36,296				7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 136,929	\$ 86,014		\$ 10,979	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg. Ctr . # 0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization SHAYMARK MANAGEMENT CORP.
Street Address 6633 NORTH LINCOLN
City / State / Zip Code LINCOLNWOOD, IL. 60712
Phone Number (847) 679-9141
Fax Number (847) 679-1820

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	17	BERNIE HOLLANDER-SAL.	AVG. HOURS WORKED	48	5	\$ 100,000	\$ 100,000	20	\$ 41,667	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	48	5	3,632		20	1,513	2
3	27	PAYROLL TAXES	AVG. HOURS WORKED	48	5	7,883		20	3,285	3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 111,515	\$ 100,000		\$ 46,465	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg. Ctr . # 0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization CAREPATH HEALTH NETWORK
Street Address 6633 N LINCOLN AVENUE
City / State / Zip Code LINCOLNWOOD, IL 60712
Phone Number (888) 707-6700
Fax Number (847) 679-2150

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	CARE PATH FEES	227,090	9	\$ 234,811	\$ 234,811	22,212	\$ 22,967	1
2	19	PROFESSIONAL FEES	CARE PATH FEES	227,090	9	4,511		22,212	441	2
3	20	FEES, SUBSCRIPTIONS	CARE PATH FEES	227,090	9	2,000		22,212	196	3
4	21	CLERICAL AND GENERAL	CARE PATH FEES	227,090	9	22,918		22,212	2,242	4
5	27	GEN ADMIN.- EMP. BEN.	CARE PATH FEES	227,090	9	49,841		22,212	4,875	5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 314,081	\$ 234,811		\$ 30,721	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg. Ctr . # 0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization ITEX COMPANY
Street Address 6633 N. LINCOLN AVE.
City / State / Zip Code LINCOLNWOOD, IL. 60712
Phone Number (847) 679-9141
Fax Number (847) 679-1820

	1	2	3	4	5	6	7	8	9	
	Schedule V		Unit of Allocation		Number of	Total Indirect	Amount of Salary	Facility	Allocation	
	Line	Item	(i.e.,Days, Direct Cost,	Total Units	Subunits Being	Cost Being	Cost Contained	Units	(col.8/col.4)x col.6	
	Reference		Square Feet)		Allocated Among	Allocated	in Column 6			
1	1	DIETARY	AVAILABLE BED DAYS	465,918	5	\$ 20,387	\$	111,630	\$ 4,885	1
2	3	HOUSEKEEPING	AVAILABLE BED DAYS	465,918	5	63,352		111,630	15,179	2
3	5	UTILITIES	AVAILABLE BED DAYS	465,918	5	18,482		111,630	4,428	3
4	6	REPAIRS AND MAINT.	AVAILABLE BED DAYS	465,918	5	22,673		111,630	5,432	4
5	19	PROFESSIONAL FEES	AVAILABLE BED DAYS	465,918	5	43,523		111,630	10,428	5
6	20	FEES, SUBSCRIPTIONS	AVAILABLE BED DAYS	465,918	5	4,565		111,630	1,094	6
7	21	CLERICAL AND GENERAL	AVAILABLE BED DAYS	465,918	5	124,405		111,630	29,806	7
8	24	EDUCATION/SEMINARS	AVAILABLE BED DAYS	465,918	5	4,449		111,630	1,066	8
9	26	INSURANCE	AVAILABLE BED DAYS	465,918	5	4,565		111,630	1,094	9
10	27	EMPLOYEE BENEFITS	AVAILABLE BED DAYS	465,918	5	1,965		111,630	471	10
11	30	DEPRECIATION	AVAILABLE BED DAYS	465,918	5	73,905		111,630	17,707	11
12	31	AMORTIZATION	AVAILABLE BED DAYS	465,918	5	908		111,630	218	12
13	32	INTEREST	AVAILABLE BED DAYS	465,918	5	92,090		111,630	22,064	13
14	33	REAL ESTATE TAXES	AVAILABLE BED DAYS	465,918	5	44,443		111,630	10,648	14
15	35	EQUIPMENT RENTAL	AVAILABLE BED DAYS	465,918	5	14,907		111,630	3,572	15
16										16
17										17
18	21	CLERICAL SALARIES	DIRECT ALLOCATION		6	784,794	784,794		203,923	18
19	27	GEN ADMIN. - EMP. BEN.	DIRECT ALLOCATION		6	202,958			52,737	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 1,522,371	\$ 784,794		\$ 384,752	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg. Ctr . # 0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization INTERCARE, LTD. C/O MANAGCARE
Street Address 3553 W. PETERSON AVE. 3RD FLOOR
City / State / Zip Code CHICAGO, IL. 60659
Phone Number (773) 463-1313
Fax Number (773) 463- 5311

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATIVE	AVG. HOURS WORKED	60	7	\$ 87,900	\$ 87,900	1	\$ 1,465	1
2	19	PROFESSIONAL FEES	AVG. HOURS WORKED	60	7	1,750		1	29	2
3	20	FEES, SUBSCRIPTIONS	AVG. HOURS WORKED	60	7	257		1	4	3
4	21	CLERICAL & GENERAL	AVG. HOURS WORKED	60	7	521		1	9	4
5	27	EMPLOYEE BENEFITS	AVG. HOURS WORKED	60	7	6,869		1	114	5
6	30	DEPRECIATION	AVG. HOURS WORKED	60	7	552		1	9	6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 97,849	\$ 87,900		\$ 1,630	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg. Ctr . # 0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg. Ctr . # 0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg. Ctr . # 0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg. Ctr . # 0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office
or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number
Fax Number

()

()

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1						\$	\$			1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6	7	8	9	10		
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	HUD		X	Mortgage			\$	15,844,491			\$ 1,129,175	1
2	IFC Credit Corporation		X	Telephone System	\$463.00	03/01/01	24,125	6,717	02/01/06	5.6600	510	2
3	McGrath			Auto Loan				20,741			438	3
4												4
5	See Supplemental Schedule											5
	Working Capital											
6	Bank One		X	Line of Credit				2,600,000			118,427	6
7	INAC		X	Insurance Financing							11,102	7
8	See Supplemental Schedule										82,581	8
9	TOTAL Facility Related				\$463.00		\$ 24,125	\$ 18,471,949			\$ 1,342,233	9
	B. Non-Facility Related*											
10	Interest Income										(303,498)	10
11	Interest Income - Bldg Co										(700)	11
12												12
13	See Supplemental Schedule											13
14	TOTAL Non-Facility Related						\$	\$			\$ (304,198)	14
15	TOTALS (line 9+line14)						\$ 24,125	\$ 18,471,949			\$ 1,038,035	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 76,124 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1							\$	\$			\$	1	
2												2	
3												3	
4												4	
5												5	
6												6	
7	TOTAL Long-Term											7	
	Working Capital												
8	Shareholder Loan	X		Working Capital			\$	\$			\$ 124,961	8	
9	Non-Allowable Interest										(124,961)	9	
10	Allocate ITEX		X								22,064	10	
11	Building Company		X								60,517	11	
12												12	
13												13	
14	TOTAL Working Capital										82,581	14	
	B. Non-Facility Related*												
15							\$	\$			\$	15	
16												16	
17												17	
18												18	
19												19	
20	TOTAL Non-Facility Related											20	

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2003 report.				\$	390,448 1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	455,446 2
3. Under or (over) accrual (line 2 minus line 1).				\$	64,998 3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	467,038 4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	7,233 5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.					
TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	539,269 7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		1999	266,436	8	
		2000	275,207	9	
		2001	324,496	10	
		2002	371,760	11	
		2003	444,798	12	
2004 Accrual - 2003 Tax \$444,798 X 1.05 = \$467,038					
Allocate ITEX - \$10,648					

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2003	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

- NOTES:
1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

SEE ACCOUNTANTS' COMPILATION REPORT

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME	<u>Glenview Terrace Nsg. Ctr .</u>	COUNTY	<u>Cook</u>
---------------	------------------------------------	--------	-------------

FACILITY IDPH LICENSE NUMBER 0026237

CONTACT PERSON REGARDING THIS REPORT Steve Lavenda

TELEPHONE (847)236-1111 FAX #: (847)236-1155

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
5.		\$	\$
6.		\$	\$
7.		\$	\$
8.		\$	\$
9.		\$	\$
10.		\$	\$
TOTALS		\$	\$

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:	79,000	B. General Construction Type:	Exterior Brick	Frame Steel & Concrete	Number of Stories	3
-----------------	--------	-------------------------------	----------------	------------------------	-------------------	---

C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☒ (b) Rent equipment from a Related Organization. ☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

	None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☒ YES ☐ NO
If so, please complete the following:

1. Total Amount Incurred:	2. Number of Years Over Which it is Being Amortized:
----------------------------------	---

3. Current Period Amortization: 218 **4. Dates Incurred:**

Nature of Costs: Allocate ITEX
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Facility		1978	\$ 167,502	1
2					2
3	TOTALS			\$ 167,502	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg. Ctr .

0026237

Report Period Beginning:

01/01/04

Ending:

12/31/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	305			1978	\$ 2,750,940	\$ 108,719		\$ 68,774	\$ (39,945)	\$	4
5				1989	1,453,936	38,401		36,348	(2,053)		5
6				2002	4,266,341	105,087		426,435	321,348		6
7				2004	37,074	850		3,400	2,550		7
8											8
	Improvement Type**										
9	Various			1975	28,890		20	-		28,890	9
10	Various			1977	11,520		20	-		6,484	10
11	Various			1978	1,209		20	-		1,209	11
12	Various			1979	4,832		20	-		4,832	12
13	Various			1980	6,097		20	-		6,097	13
14	Various			1981	2,004		20	-		1,610	14
15	Various			1982	6,604		20	-		2,943	15
16	Various			1983	5,607		20	-		5,607	16
17	Various			1984	4,233		20	-		4,233	17
18	Various			1985	10,997		20	440	440	8,971	18
19	Various			1986	2,080		20	104	104	1,872	19
20	Various			1987	2,375		20	119	119	1,308	20
21	Various			1988	4,955		20	248	248	3,198	21
22	Various			1989	111,464		20	5,574	5,574	80,198	22
23	Various			1990	98,033		20	4,903	4,903	58,992	23
24	Various			1991	2,229		20	111	111	1,293	24
25	Various			1992	3,024		20	151	151	1,758	25
26	Various			1993	103,239		20	5,163	5,163	60,474	26
27	Various			1994	23,033		20	1,152	1,152	11,314	27
28	Various			1995	44,266		20	2,214	2,214	20,847	28
29	Various			1996	93,171		20	4,659	4,659	39,947	29
30	Various			1997	102,244		20	3,706	3,706	28,120	30
31	Various			1998	103,389		20	6,252	6,252	39,917	31
32	Various			1999	150,958		20	11,569	11,569	66,001	32
33	Various			2000	37,198		20	1,860	1,860	7,953	33
34								-		-	34
35								-		-	35
36								-		-	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67	Related Building Company (Pages 12-BLDG & 12A-BLDG)								67
68	Related Party Allocations (Pages 12-REP & 12A-REP)		471,697	11,347		15,349	4,002	174,055	68
69	Financial Statement Depreciation			800,644			(800,644)		69
70	TOTAL (lines 4 thru 69)		\$ 9,943,639	\$ 1,065,048		\$ 598,531	\$ (466,517)	\$ 668,123	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Glenview Terrace Nsg. Ctr .

0026237

Report Period Beginning:

01/01/04

Ending:

12/31/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,943,639	\$ 1,065,048		\$ 598,531	\$ (466,517)	\$ 668,123	1
2	Wallcoverings	2001	5,353		20	268	268	825	2
3	Drapery & Cub Tracks	2001	29,406		20	1,470	1,470	4,534	3
4	Paving	2001	4,893		20	245	245	918	4
5	Paving	2001	4,050		20	203	203	760	5
6	Fixures	2001	920		20	46	46	169	6
7	Roof	2001	94,000		20	4,700	4,700	17,233	7
8	Roof	2001	7,400		20	370	370	1,357	8
9	Telephone System	2001	24,275		20	1,214	1,214	4,653	9
10	Video Surveillance	2001	3,941		20	197	197	755	10
11	Video Camera	2001	656		20	33	33	120	11
12	Vanes & Tracks	2001	1,495		20	75	75	274	12
13	Wallcovering	2001	3,699		20	185	185	740	13
14	Carpet	2001	2,674		20	134	134	535	14
15	Draperies & Cornices	2001	2,764		20	138	138	553	15
16	Curtains	2001	1,918		20	96	96	384	16
17	Drapery	2001	1,375		20	69	69	275	17
18	Border & Track Sets	2001	394		20	20	20	71	18
19	Shades,Lights&Border	2001	1,663		20	83	83	291	19
20	Cubicle Curtains & Tr	2001	3,596		20	180	180	629	20
21	Cubicle & Shades	2001	3,224		20	161	161	538	21
22	Wallcovering	2001	8,642		20	432	432	1,440	22
23	Paint	2001	513		20	26	26	101	23
24	Toilet Rails	2001	585		20	29	29	115	24
25	Ceiling Tile	2001	689		20	34	34	134	25
26	Toilets & Frames	2001	852		20	43	43	153	26
27	Transmitters	2001	679		20	34	34	130	27
28	Transmitters	2001	657		20	33	33	105	28
29	Locks	2001	529		20	26	26	81	29
30	Ceiling Tile	2001	589		20	29	29	90	30
31	Ceiling Tile	2001	601		20	30	30	93	31
32	Pavement	2001	2,065		20	103	103	404	32
33	Water Coil	2001	685		20	34	34	129	33
34	TOTAL (lines 1 thru 33)		\$ 10,158,421	\$ 1,065,048		\$ 609,271	\$ (455,777)	\$ 706,712	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Glenview Terrace Nsg. Ctr .

0026237

Report Period Beginning:

01/01/04

Ending:

12/31/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 10,158,421	\$ 1,065,048		\$ 609,271	\$ (455,777)	\$ 706,712	1
2	Ac Compressor	2001	675		20	34	34	124	2
3	Pipe Rerout	2001	660		20	33	33	121	3
4	Ac Compressor	2001	850		20	43	43	146	4
5	Valve Replacement	2001	510		20	26	26	84	5
6	3 Sump Pump Covers	2002	2,500		20	500	500	1,500	6
7	Hot Water Boiler	2002	6,500		20	1,300	1,300	3,900	7
8	Electrical For Laundry	2002	2,240		20	448	448	1,269	8
9	Arbuities Along Northside/Black Top/Black Dirt	2002	26,550		20	1,770	1,770	4,573	9
10	Plants	2002	11,130		20	742	742	1,917	10
11	Wallpaper/Painting	2002	22,975		20			22,975	11
12	9 Cameras, 2 Multiplexer	2002	8,680		20	1,736	1,736	4,340	12
13	5 Outlets 3Rd Floor	2002	640		20	128	128	320	13
14	Landscaping	2002	20,000		20	1,333	1,333	3,889	14
15	Land Improvement	2002	4,500		20	300	300	875	15
16	Land Inprovement	2002	9,000		20	600	600	1,750	16
17	Landscaping	2002	10,000		20	667	667	2,000	17
18	Landscaping	2002	20,000		20	1,333	1,333	3,667	18
19	Landscaping	2002	11,735		20	782	782	2,086	19
20	Land Improvement	2002	3,075		20	205	205	547	20
21	Landscaping	2002	11,130		20	742	742	1,855	21
22	Land Improvement	2002	14,478		20	965	965	2,413	22
23	Generator	2002	25,000		20	2,500	2,500	6,250	23
24	Landscaping	2002	30,305		20	2,020	2,020	4,882	24
25	Irrigation System	2002	18,320		20	1,221	1,221	2,952	25
26	Landscaping	2002	14,478		20	965	965	2,413	26
27	Brick Area Front & Back	2002	19,540		20	1,303	1,303	3,148	27
28	Landscaping	2002	18,526		20	1,235	1,235	2,985	28
29	Brick Treatment	2002	4,460		20	297	297	719	29
30	Install 350 Phone Outlets With Jacks	2002	27,500		20	2,750	2,750	7,563	30
31	Smoke Barrier Door	2002	503		20	50	50	147	31
32	Insulation	2002	1,231		20	123	123	359	32
33	Pump	2002	983		20	98	98	295	33
34	TOTAL (lines 1 thru 33)		\$ 10,507,095	\$ 1,065,048		\$ 635,520	\$ (429,528)	\$ 798,776	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Glenview Terrace Nsg. Ctr .

0026237

Report Period Beginning:

01/01/04

Ending:

12/31/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,507,095	\$ 1,065,048		\$ 635,520	\$ (429,528)	\$ 798,776	1
2	Transmitters	2002	657		20	66	66	170	2
3	Roof Ventilator	2002	711		20	71	71	184	3
4	Insulation	2002	591		20	59	59	123	4
5	Pump	2002	585		20	59	59	176	5
6	Phone Wiring	2002	880		20	88	88	264	6
7	Station Wiring	2002	619		20	62	62	181	7
8	Elevator Repair	2002	1,455		20	73	73	218	8
9	Install Fixtures	2002	1,955		20	196	196	570	9
10	Replace Line Taps	2002	868		20	87	87	253	10
11	Repair Cable	2002	965		20	97	97	257	11
12	Paging System	2002	1,240		20	177	177	443	12
13	Recable Extensions	2002	840		20	84	84	189	13
14	A/C Repair	2002	1,144		20	95	95	207	14
15	Rewiring	2002	1,068		20	107	107	223	15
16	Rewire Cable	2002	1,393		20	139	139	302	16
17	Toilet Seats	2002	973		20	49	49	130	17
18	Grab Bars	2002	979		20	49	49	122	18
19	Tissue Roll Holders	2002	965		20	48	48	117	19
20	Rough Carp-Construc	2002	10,000		20	500	500	1,500	20
21	Electrical Construc	2002	10,000		20	500	500	1,500	21
22	Rough Carp-Construc	2002	378,950		20	18,948	18,948	47,369	22
23	Insulation Construc	2002	4,718		20	236	236	590	23
24	Roofing-Construction	2002	51,647		20	2,582	2,582	6,456	24
25	Doors-Construction	2002	227,436		20	11,372	11,372	28,430	25
26	Windows-Construc	2002	287,696		20	14,385	14,385	35,962	26
27	Tile Work-Construc	2002	79,820		20	3,991	3,991	9,978	27
28	Flooring-Construc	2002	109,055		20	21,811	21,811	54,528	28
29	Paint-Construction	2002	27,710		20	1,386	1,386	3,464	29
30	Painting-Construc	2002	377,000		20	18,850	18,850	47,125	30
31	Heating-Construction	2002	220,000		20	11,000	11,000	27,500	31
32	Air Cond-Construc	2002	207,500		20	10,375	10,375	25,938	32
33	Electrical-Construc	2002	355,000		20	17,750	17,750	44,375	33
34	TOTAL (lines 1 thru 33)		\$ 12,871,515	\$ 1,065,048		\$ 770,812	\$ (294,236)	\$ 1,137,620	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Glenview Terrace Nsg. Ctr .

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,871,515	\$ 1,065,048		\$ 770,812	\$ (294,236)	\$ 1,137,620	1
2	Site Utilities-Constr	2002	20,000		20	1,333	1,333	4,000	2
3	Site Utilities-Constr	2002	15,500		20	1,033	1,033	2,583	3
4	Road & Walks-Const	2002	60,400		20	4,027	4,027	10,067	4
5	Lawns-Construc	2002	6,000		20	400	400	1,200	5
6	Lawns-Construc	2002	4,000		20	267	267	667	6
7	Earth Work-Construc	2002	183,000		20	12,200	12,200	36,600	7
8	Earth Work-Construc	2002	182,778		20	12,185	12,185	30,463	8
9	Doors-Construction	2002	13,379		20	669	669	1,672	9
10	Glass Construction	2002	5,570		20	279	279	696	10
11	Flooring-Construc	2002	6,415		20	321	321	802	11
12	Paint-Construction	2002	1,630		20	82	82	204	12
13	Blinds,Shades Etc.-Construc	2002	6,960		20	696	696	1,740	13
14	Doors-Construc	2002	5,351		20	268	268	669	14
15	Windows-Construc.	2002	26,290		20	1,315	1,315	3,286	15
16	Flooring-Construc	2002	2,566		20	128	128	321	16
17	Paint-Construction	2002	652		20	33	33	82	17
18	Plumbing-Construc.	2002	87,000		20	4,350	4,350	10,875	18
19	Blinds,Shades Etc.	2002	2,320		20	232	232	580	19
20	Landscape=Construc	2002	500		20	33	33	100	20
21	Site Utilities-Construc.	2002	10,549		20	703	703	2,110	21
22	Elevators-Construc.	2002	31,655		20	1,583	1,583	4,748	22
23	Finish Carp-Const	2002	38,000		20	1,900	1,900	4,750	23
24	Elevator	2002	2,500		20	125	125	375	24
25	Elevator #2	2002	5,985		20	299	299	898	25
26	Elevator #3	2002	16,387		20	819	819	2,390	26
27	Elevator #1	2002	19,950		20	998	998	2,909	27
28	Phone System For Elevator #3	2002	889		20	44	44	130	28
29	Flooring	2002	19,169		20	1,278	1,278	3,727	29
30	Removal Of Old Ceiling-3Rd Fl/Installation Of New Ceiling	2002	3,640		20	182	182	516	30
31	Electric Work Done To Elevators	2002	10,221		20	511	511	1,491	31
32	Remaining Bal Due For Elevator #3	2002	6,758		20	338	338	957	32
33	Flooring	2002	15,626		20	1,042	1,042	2,865	33
34	TOTAL (lines 1 thru 33)		\$ 13,683,155	\$ 1,065,048		\$ 820,485	\$ (244,563)	\$ 1,272,093	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Glenview Terrace Nsg. Ctr .

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XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 13,683,155	\$ 1,065,048		\$ 820,485	\$ (244,563)	\$ 1,272,093	1
2	Flooring	2002	227,640		20	15,176	15,176	41,734	2
3	Phone Work	2002	1,814		20	91	91	242	3
4	Tile In Lobby,Corridor & Tcu Lobby	2002	27,000		20	1,350	1,350	3,488	4
5	Day Room Flooring	2002	11,175		20	745	745	1,863	5
6	Patient Room/Cor.Flooring	2002	22,207		20	1,480	1,480	3,701	6
7	Flooring 2 East	2002	29,505		20	1,967	1,967	4,918	7
8	Flooring/West Wing	2002	1,750		20	117	117	272	8
9	Flooring	2002	3,815		20	254	254	572	9
10	Floors	2002	8,350		20	557	557	1,392	10
11	Floors	2002	4,898		20	327	327	762	11
12	Fencing	2002	1,995		20	100	100	208	12
13	Corridor Lights	2002	33,365		20	3,337	3,337	9,731	13
14	Lighting	2002	1,417		20	142	142	425	14
15	Lighting	2002	1,636		20	164	164	491	15
16	Wallcovering 2Nd Fl	2002	7,149		20			7,149	16
17	Carpet Admissions Office & Barb'S Office	2002	1,433		20	143	143	418	17
18	Spool Border	2002	2,364		20			2,364	18
19	Drapery Admissions/Office	2002	1,073		20	107	107	304	19
20	Drapery	2002	1,224		20	122	122	347	20
21	Bathroom Fixtures	2002	8,304		20	1,661	1,661	4,706	21
22	10 X 12 Ivory Sign W/Digital Print	2002	2,078		20	416	416	1,178	22
23	Lighting	2002	2,509		20	251	251	690	23
24	Lighting	2002	3,449		20	345	345	948	24
25	Lighting	2002	6,277		20	628	628	1,726	25
26	Carpet-Corridor	2002	4,184		20	418	418	1,116	26
27	Additional Wallcovering	2002	916		20			916	27
28	Cubicle Track Sets	2002	6,186		20	1,237	1,237	3,299	28
29	Cubicle Track Set	2002	1,223		20	245	245	652	29
30	Cubicle Curtains	2002	2,876		20	575	575	1,534	30
31	Lighting	2002	1,931		20	193	193	515	31
32	Lighting	2002	2,946		20	295	295	786	32
33	Lighting	2002	728		20	73	73	194	33
34	TOTAL (lines 1 thru 33)		\$ 14,116,572	\$ 1,065,048		\$ 853,001	\$ (212,047)	\$ 1,370,734	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

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XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 14,116,572	\$ 1,065,048		\$ 853,001	\$ (212,047)	\$ 1,370,734	1
2	Galvanized Chain Link	2002	1,895		20	126	126	337	2
3	2Nd Fl Corridor Wallcovering	2002	8,950		20			8,950	3
4	1St Fr Corridor Wallcovering	2002	7,691		20			7,691	4
5	Wallcovering	2002	4,045		20			4,045	5
6	Wallcovering	2002	18,364		20			18,364	6
7	Wallcovering-Pavillions	2002	4,619		20			4,619	7
8	2Nd Fl Drapery	2002	1,191		20	119	119	308	8
9	Suites Wallcovering	2002	2,996		20	599	599	1,498	9
10	Fixtures	2002	1,075		20	108	108	269	10
11	Fixtures	2002	739		20	74	74	185	11
12	Fixtures	2002	1,671		20	167	167	404	12
13	Fixtures	2002	2,301		20	230	230	556	13
14	Signage	2002	1,173		20	78	78	189	14
15	Dayroom Flooring	2002	6,835		20	456	456	1,063	15
16	Patiens/Cor.Flooring	2002	23,360		20	1,557	1,557	3,634	16
17	Signage	2002	3,681		20	245	245	593	17
18	Wallcovering	2002	618		20	124	124	299	18
19	Bathroom Grab Bars	2002	2,049		20	410	410	990	19
20	Signage	2002	5,293		20	353	353	823	20
21	Carpeting	2002	8,647		20	865	865	2,018	21
22	Light Fixtures	2002	1,528		20	153	153	344	22
23	Fence	2002	3,688		20	246	246	553	23
24	Resident Room Signs	2002	4,126		20	413	413	963	24
25	Fixtures	2002	33,397		20	3,340	3,340	8,071	25
26	Window Treatments	2002	8,265		20	827	827	1,929	26
27	Carpet	2002	9,042		20	1,292	1,292	3,014	27
28	Irrigation System	2002	3,300		20	165	165	371	28
29	Can Lights For Ceiling	2002	28,696		20	2,870	2,870	5,978	29
30	Carpeting	2002	264		20	38	38	88	30
31	Cubicle Curtains	2002	288		20	29	29	65	31
32	Wallpaper	2002	9,962		20			9,962	32
33	Wallpaper	2002	8,169		20			8,169	33
34	TOTAL (lines 1 thru 33)		\$ 14,334,490	\$ 1,065,048		\$ 867,885	\$ (197,163)	\$ 1,467,076	34

SEE ACCOUNTANTS' COMPILATION REPORT

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Facility Name & ID Number Glenview Terrace Nsg. Ctr .

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Report Period Beginning:

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XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 14,334,490	\$ 1,065,048		\$ 867,885	\$ (197,163)	\$ 1,467,076	1
2	Window Treatments	2002	1,584		20	158	158	356	2
3	Wallpaper	2002	4,864		20			4,864	3
4	Carpeting	2002	683		20	98	98	211	4
5	Carpeting	2002	25,761		20	3,680	3,680	7,974	5
6	Carpeting	2002	13,679		20	1,954	1,954	4,234	6
7	Additional Renovation Per 6/30/03 Capital Report	2002	1,258,094		20	62,905	62,905	131,051	7
8	Heaters	2003	2,016		20	168	168	322	8
9	Ewing Doherty	2003	1,359		20	136	136	238	9
10	Fountain	2003	2,354		20	157	157	235	10
11	Fountain	2003	3,268		20	218	218	327	11
12	Elevator	2003	2,621		20	131	131	240	12
13	Condenser	2003	5,250		20	350	350	525	13
14	24000 Btu Lanitrol	2003	1,585		20	132	132	187	14
15	Beauty Shop Fixtures	2003	1,600		20	160	160	240	15
16	Ceiling Tiles	2003	3,906		20	195	195	244	16
17	Sodding	2003	4,500		20	300	300	425	17
18	Ceiling Tiles	2003	1,008		20	50	50	80	18
19	Ceiling Tile	2003	1,248		20	62	62	94	19
20	Wallcovering	2003	2,859		20	953	953	2,859	20
21	Beauty Shop Plumbing	2003	2,500		20	167	167	250	21
22	Beauty Shop Electrical Work	2003	1,350		20	135	135	191	22
23	Beauty Shop Electrical Work	2003	3,000		20	300	300	425	23
24	Beauty Shop Electrical Work	2003	700		20	70	70	99	24
25	Fire Doors	2003	810		20	116	116	164	25
26	Fire Doors	2003	1,200		20	171	171	257	26
27	Exhaust Fans For Beauty Shop	2003	2,774		20	277	277	347	27
28	Fountain	2003	3,268		20	327	327	517	28
29	Windows & Doors	2003	30,000		20	3,000	3,000	4,250	29
30	Fixtures	2003	1,903		20	381	381	507	30
31	Plumbing	2003	515		20	52	52	103	31
32	Pa System	2003	1,656		20	237	237	355	32
33	Painting	2003	1,200		20	600	600	1,200	33
34	TOTAL (lines 1 thru 33)		\$ 15,723,605	\$ 1,065,048		\$ 945,525	\$ (119,523)	\$ 1,630,447	34

SEE ACCOUNTANTS' COMPILATION REPORT

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Facility Name & ID Number Glenview Terrace Nsg. Ctr .

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Report Period Beginning:

01/01/04

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XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 15,723,605	\$ 1,065,048		\$ 945,525	\$ (119,523)	\$ 1,630,447	1
2	Security Alarm	2003	6,069		20	867	867	1,373	2
3	Boiler Repair	2003	7,500		20	625	625	781	3
4	Light Fixtures	2003	1,756		20	351	351	410	4
5	Window Shades	2003	2,811		20	281	281	398	5
6	Sprinkler Installation	2003	6,353		20	424	424	600	6
7	Building Costs To R. Kane	2003	26,000		20	2,600	2,600	3,250	7
8	Beauty Shop Fixtures	2003	1,616		20	323	323	485	8
9	Fire Alarm System Repair	2003	536		20	27	27	54	9
10	Walk-In Freezer Repair	2003	607		20	30	30	61	10
11	Generator Repair	2003	605		20	30	30	61	11
12	Fire Alarm System Repair	2003	929		20	46	46	85	12
13	Paging System	2003	1,109		20	55	55	102	13
14	Fir Alarm System Repair	2003	1,675		20	84	84	147	14
15	Wire Glass In Door	2003	608		20	30	30	53	15
16	Fir Alarm System Repair	2003	538		20	27	27	38	16
17	Fire Alarm Systme Repair	2003	554		20	28	28	39	17
18	A/C Repair	2003	885		20	44	44	63	18
19	Generator Repair	2003	1,622		20	81	81	108	19
20	Sprinkler System	2003	1,110		20	56	56	65	20
21	Paging System	2003	520		20	26	26	28	21
22	Hvac Repair	2003	1,065		20	53	53	58	22
23	Fir Hydrant Repair	2003	732		20	37	37	40	23
24	Pump	2003	535		20	27	27	54	24
25	Door Alarm	2003	609		20	30	30	58	25
26	Ballasts	2003	549		20	27	27	41	26
27	Bathroom Grab Bars	2003	763		20	38	38	51	27
28	Signs	2003	1,442		20	72	72	90	28
29	West Addition	2003	4,900		20	245	245	490	29
30	Day Rooms	2003	5,318		20	266	266	532	30
31	Bathroom Tile	2003	2,600		20	130	130	260	31
32	Install Day Room Floor	2003	13,825		20	691	691	1,383	32
33	Cubicle Curtains	2003	6,240		20			6,240	33
34	TOTAL (lines 1 thru 33)		\$ 15,825,586	\$ 1,065,048		\$ 953,176	\$ (111,872)	\$ 1,647,945	34

SEE ACCOUNTANTS' COMPILATION REPORT

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XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 15,825,586	\$ 1,065,048		\$ 953,176	\$ (111,872)	\$ 1,647,945	1
2	Wood Work	2003	72,210		20	3,611	3,611	7,221	2
3	Fabric	2003	3,886		20	777	777	1,554	3
4	Wall Tile	2003	8,614		20	574	574	1,149	4
5	Electrical Work	2003	605		20	30	30	61	5
6	Electrical Work	2003	435		20	22	22	44	6
7	Flooring	2003	17,930		20	1,195	1,195	2,391	7
8	Electrical Work	2003	4,635		20	232	232	464	8
9	Carpet	2003	2,084		20	298	298	595	9
10	Paint Murals	2003	2,200		20	220	220	440	10
11	Paint Murals	2003	4,400		20	440	440	880	11
12	Window Treatments	2003	4,307		20	431	431	861	12
13	Wall Covering	2003	2,869		20			2,869	13
14	Flooring	2003	6,088		20	406	406	812	14
15	Flooring	2003	2,095		20	140	140	279	15
16	Flooring	2003	17,800		20	1,187	1,187	2,373	16
17	Wall Covering	2003	3,469		20			3,469	17
18	Install Tile	2003	9,754		20	650	650	1,301	18
19	Exit Sign	2003	73		20	10	10	20	19
20	Light Fixtures	2003	1,017		20	102	102	195	20
21	Wood Storage	2003	450		20	90	90	173	21
22	Lighting	2003	19		20	4	4	7	22
23	Electrical Work	2003	2,157		20	108	108	207	23
24	Wall Covering	2003	4,770		20	398	398	4,770	24
25	Construction Surveying	2003	2,396		20	120	120	230	25
26	Ceiling Fan	2003	222		20	44	44	85	26
27	Window Treatments	2003	553		20	55	55	106	27
28	Ghrp Bars	2003	4,415		20	883	883	1,692	28
29	Light Fixtures	2003	298		20	60	60	114	29
30	Light Fixtures	2003	1,518		20	304	304	582	30
31	Light Fixtures	2003	1,558		20	312	312	597	31
32	Light Fixtures	2003	273		20	55	55	105	32
33	Light Fixtures	2003	4,378		20	876	876	1,678	33
34	TOTAL (lines 1 thru 33)		\$ 16,013,064	\$ 1,065,048		\$ 966,810	\$ (98,238)	\$ 1,685,269	34

SEE ACCOUNTANTS' COMPILATION REPORT

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01/01/04

Ending:

12/31/04

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$ 16,013,064	\$ 1,065,048		\$ 966,810	\$ (98,238)	\$ 1,685,269	1
2	Flooring	2003	19,230		20	1,282	1,282	2,457	2
3	Wall Tile	2003	1,279		20	85	85	163	3
4	Tile	2003	13,371		20	891	891	1,709	4
5	Window Treatment	2003	1,943		20	194	194	372	5
6	Cubicle Curtains	2003	6,194		20	619	619	1,136	6
7	Window Treatments	2003	4,307		20	431	431	790	7
8	Window Treatments	2003	985		20	98	98	180	8
9	Wall Covering	2003	17,762		20	2,960	2,960	17,762	9
10	Flooring	2003	19,664		20	1,311	1,311	2,403	10
11	Flooring	2003	20,000		20	1,333	1,333	2,444	11
12	Flooring	2003	1,310		20	87	87	160	12
13	Flooring	2003	4,016		20	268	268	491	13
14	Flooring	2003	930		20	62	62	114	14
15	Flooring	2003	8,921		20	595	595	1,090	15
16	Window Coverings	2003	941		20	94	94	173	16
17	Window Coverings	2003	3,844		20	384	384	705	17
18	Cubicle Tracks	2003	666		20	67	67	117	18
19	Window Treatments	2003	1,818		20	182	182	318	19
20	Dining Window Treatment	2003	4,665		20	466	466	816	20
21	Library Window Treatment	2003	1,355		20	136	136	237	21
22	Wood Work	2003	45,722		20	2,286	2,286	4,001	22
23	Floor Covering	2003	4,966		20	709	709	1,241	23
24	Wall Covering	2003	2,266		20	567	567	2,266	24
25	Landscape	2003	1,800		20	120	120	200	25
26	Flowers	2003	1,000		20	67	67	111	26
27	Carpet Install	2003	858		20	123	123	204	27
28	Light Fixtures	2003	6,189		20	1,238	1,238	2,063	28
29	Wall Torch	2003	143		20	14	14	24	29
30	Wall Sconce	2003	651		20	65	65	108	30
31	Light Fixtures	2003	4,091		20	818	818	1,364	31
32	Bathroom Tile	2003	4,550		20	303	303	506	32
33	Tapestry	2003	2,220		20	222	222	370	33
34	TOTAL (lines 1 thru 33)		\$ 16,220,721	\$ 1,065,048		\$ 984,887	\$ (80,161)	\$ 1,731,364	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1		2	3	4	5	6	7	8	9	
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
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57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$	\$		\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	FOR OHF USE ONLY	2	3	4	5	6	7	8	9	
	Beds*		Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	ITEX		1993		\$ 384,317	\$ 9,854	35	\$ 10,980	\$ 1,126	\$ 127,190	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Allocation from Itex - A.K. Care		1993		48,358	584	20	2,418	1,834	28,305	9
10	Allocation from Itex - A.K. Care		1994		25,974	676	20	1,299	623	13,353	10
11	Allocation from Itex - A.K. Care		1995		4,427	12	20	221	209	2,036	11
12	Allocation from Itex - A.K. Care		1996		251	-	20	13	(13)	113	12
13	Allocation from Itex - A.K. Care		1997		7,467	191	20	373	182	2,800	13
14	Allocation from Itex - A.K. Care		1999		829	21	20	41	20	249	14
15											15
16	Allocation from Inter Care Ltd.		2001		74	9	20	4	(5)	9	16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$		37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
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60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 471,697	\$ 11,347		\$ 15,349	\$ 3,976	\$ 174,055	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)								
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 2,318,533	\$ 2,837	\$ 253,369	\$ 250,532	10	\$ 1,260,938	71
72	Current Year Purchases	291,838	3,531	38,062	34,531	10	38,062	72
73	Fully Depreciated Assets	765,427				10	765,427	73
74								74
75	TOTALS	\$ 3,375,798	\$ 6,368	\$ 291,431	\$ 285,063		\$ 2,064,427	75

D. Vehicle Depreciation (See instructions.)*									
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9
76		CHEVY EXPRESS VAN	2001	\$ 27,850	\$	\$ 5,570	\$ 5,570	5	\$ 20,423
77		RUNNING BOARD INSTAL	2001	700		140	140	5	502
78			1999	25,000				5	
79									
80	TOTALS			\$ 53,550	\$	\$ 5,710	\$ 5,710		\$ 20,925

E. Summary of Care-Related Assets				1	2
		Reference			Amount
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)			\$ 21,378,414
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)			\$ 1,071,416
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)			\$ 1,379,452
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)			\$ 308,036
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)			\$ 3,965,394

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)				
	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4
86	1999 Excess Auto	\$ 26,889	\$	\$
87				
88				
89				
90				
91	TOTALS	\$ 26,889	\$	\$

G. Construction-in-Progress		
	Description	Cost
92		\$
93		
94		
95		\$

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES
- ☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease
-
-

9. Option to Buy:
- ☐ YES
- ☐ NO
- Terms:
-
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☒ NO
16. Rental Amount for movable equipment: \$ 15,010
- Description:
- See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Administrator	2002	\$ 832.00	\$ 9,984	17
18				(9,984)	18
19	Facility	2004 Ford Econoline	549.95	6,641	19
20					20
21	TOTAL		\$ 1,382	\$ 6,641	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2005	\$
13.	/2006	\$
14.	/2007	\$

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☐ YES

☒ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER AIDE

☐

☐

☐

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER AIDE

☐

☐

B. EXPENSES

C. CONTRACTUAL INCOME

D. NUMBER OF AIDES TRAINED

		ALLOCATION OF COSTS		(d)	
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 01	hrs	\$ 264,481		\$	\$		\$ 264,481	1
2	Licensed Speech and Language Development Therapist	39 - 01	hrs	17,912			31,109		49,021	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01	hrs	269,435			128,775		398,210	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				403,155		403,155	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental			95,859			67,735		163,594	13
14	TOTAL			\$ 647,687		\$	\$ 630,774		\$ 1,278,461	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 800	\$ 202,826	1
2	Cash-Patient Deposits	28,416	28,416	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	3,152,788	3,152,788	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	2,818	2,818	5
6	Prepaid Insurance	475,565	581,032	6
7	Other Prepaid Expenses	66,034	66,034	7
8	Accounts Receivable (owners or related parties)	3,262,914	2,001,020	8
9	Other(specify): See Attached Schedule	187,456	600,321	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,176,791	\$ 6,635,255	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		198,820	13
14	Buildings, at Historical Cost		8,932,843	14
15	Leasehold Improvements, at Historical Cost	405,222	8,006,499	15
16	Equipment, at Historical Cost	757,088	4,191,090	16
17	Accumulated Depreciation (book methods)	(308,610)	(7,810,121)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	3,625	3,625	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(604)	(604)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached Schedule	500,133	1,070,201	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,356,854	\$ 14,592,353	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,533,645	\$ 21,227,608	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,580,656	\$ 2,589,154	26
27	Officer's Accounts Payable	1,398	1,398	27
28	Accounts Payable-Patient Deposits	30,964	30,964	28
29	Short-Term Notes Payable	2,612,208	2,612,208	29
30	Accrued Salaries Payable	245,745	245,745	30
31	Accrued Taxes Payable (excluding real estate taxes)	114,845	114,845	31
32	Accrued Real Estate Taxes(Sch.IX-B)		467,038	32
33	Accrued Interest Payable	810	191,698	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Attached Schedule	755,344	755,344	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,341,970	\$ 7,008,394	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	15,250	15,250	39
40	Mortgage Payable		15,844,491	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Attached Schedule			43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 15,250	\$ 15,859,741	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,357,220	\$ 22,868,135	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,176,425	\$ (1,640,527)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,533,645	\$ 21,227,608	48

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ <u>53,435</u>	1
2	Restatements (describe):		2
3	<u>See Attached</u>	<u>2,285,538</u>	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ <u>2,338,973</u>	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	<u>(162,548)</u>	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ <u>(162,548)</u>	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ <u>2,176,425</u>	24 *

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Glenview Terrace Nsg. Ctr . # 0026237 Report Period Beginning: 01/01/04 Ending: 12/31/04

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 15,741,488	1
2	Discounts and Allowances for all Levels	(2,569,607)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 13,171,881	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	3,778,862	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 3,778,862	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	396	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	2,415	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,107,097	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	141,275	19
20	Radiology and X-Ray		20
21	Other Medical Services	96,259	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 1,347,442	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	303,929	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 303,929	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>See Supplemental Schedule</u>	38,730	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 38,730	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 18,640,844	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	2,651,184	31
32	Health Care	7,708,396	32
33	General Administration	4,232,287	33
	B. Capital Expense		
34	Ownership	2,585,566	34
	C. Ancillary Expense		
35	Special Cost Centers	1,458,513	35
36	Provider Participation Fee	167,446	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 18,803,392	40
41	Income before Income Taxes (line 30 minus line 40)**	(162,548)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (162,548)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Complete If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,032	2,688	\$ 142,380	\$ 52.97	1
2	Assistant Director of Nursing	2,967	3,239	96,235	29.71	2
3	Registered Nurses	68,533	71,493	2,045,326	28.61	3
4	Licensed Practical Nurses	30,890	34,861	823,147	23.61	4
5	Nurse Aides & Orderlies	247,918	271,646	2,645,256	9.74	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	23,227	26,221	647,687	24.70	7
8	Rehab/Therapy Aides	29,767	33,187	674,845	20.33	8
9	Activity Director	2,028	2,160	38,684	17.91	9
10	Activity Assistants	25,192	26,870	212,778	7.92	10
11	Social Service Workers	21,143	23,556	391,754	16.63	11
12	Dietician					12
13	Food Service Supervisor	1,760	2,160	55,888	25.87	13
14	Head Cook	6,588	7,361	76,880	10.44	14
15	Cook Helpers/Assistants	41,745	45,399	406,857	8.96	15
16	Dishwashers					16
17	Maintenance Workers	14,232	16,290	134,134	8.23	17
18	Housekeepers	45,237	49,300	434,718	8.82	18
19	Laundry	30,046	32,771	268,466	8.19	19
20	Administrator	2,024	2,160	121,758	56.37	20
21	Assistant Administrator	2,468	2,747	59,607	21.70	21
22	Other Administrative	1,112	1,120	29,000	25.89	22
23	Office Manager	2,011	2,324	49,743	21.40	23
24	Clerical	19,106	21,183	377,236	17.81	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,308	5,928	71,078	11.99	31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Supplemental</u>	17,773	19,074	249,458	13.08	33
34	TOTAL (lines 1 - 33)	643,107	703,738	\$ 10,052,915 *	\$ 14.29	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 8,985	01-03	35
36	Medical Director	Monthly	86,000	09-03	36
37	Medical Records Consultant	Monthly	4,128	10-03	37
38	Nurse Consultant	Monthly	36,600	10-03	38
39	Pharmacist Consultant	Monthly	6,499	10-03	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	2,400	11-03	44
45	Social Service Consultant	Monthly	2,400	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		\$ 147,012		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses	1,607	65,020	10-03	51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	1,607	\$ 65,020		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Amy Saltzman	Administrator	0	\$ 121,758	Workers' Compensation Insurance	\$ 99,354	IDPH License Fee	\$	
Yehuda Bider	Asst Admin	0	59,607	Unemployment Compensation Insurance	81,063	Advertising: Employee Recruitment	74,332	
Mark Hollander	Executive	0	29,000	FICA Taxes	737,862	Health Care Worker Background Check	550	
				Employee Health Insurance	460,533	(Indicate # of checks performed 55)		
				Employee Meals	83,741	Dues and Subscriptions	20,857	
				Illinois Municipal Retirement Fund (IMRF)*		Licenses	1,140	
				401K Expenses	12,397	Allocate Carepath	196	
				Misc Employee Benefits	6,567	Allocate ITEX	1,094	
				Pension Plan	92,763	Allocate Intercare	4	
				Holiday Expense	6,428			
TOTAL (agree to Schedule V, line 17, col. 1)								
(List each licensed administrator separately.)			\$ 210,365					
B. Administrative - Other								
Description			Amount					
Management Fees - Shaymark			\$ 112,500					
Management Fees - Intercare Limited			112,500					
Management Fees - JLR Management			112,500					
See Supplemetal Schedule			37,212					
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 374,712					
(Attach a copy of any management service agreement)								
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
Vendor/Payee	Type	Amount		Description	Line #	Amount		
See Attached Schedule	Legal	\$ 59,053				\$		
FR&R	Accounting	16,078						
AK Care	Accounting	24,000						
AK Care	Bookkeeping	336,185						
Healthcare Horizons	Admin Consult (Adj P5)	4,800						
Personnel Planners	Unemployment Consultant	1,725						
Infotube/Web	Data Processing	12,111						
Power Software	Data Processing	14,635						
GiftRap	Data Processing	3,408						
Achieve Accreditation	Joint Commission Consult	3,443						
Purchasing Plus	Purchasing Consultant	600						
See Supplemetal Schedule		26,325						
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL				
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 502,363	\$				

* Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

XX. GENERAL INFORMATION:

- (1)

Are nursing employees (RN,LPN,NA) represented by a union?

Yes
- (2)

Are there any dues to nursing home associations included on the cost report?

Yes

If YES, give association name and amount.

ILCLTC \$16,461, II Assoc of HC \$1,525
- (3)

Did the nursing home make political contributions or payments to a political action organization?

Yes

If YES, have these costs been properly adjusted out of the cost report?

Yes
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?

No

If YES, what is the capacity?
- (5)

Have you properly capitalized all major repairs and equipment purchases?

Yes

What was the average life used for new equipment added during this period?

10 Years
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 18,898

Line 10
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?

Yes

If NO, attach a complete explanation.
- (8)

Are you presently operating under a sale and leaseback arrangement?

No

If YES, give effective date of lease.
- (9)

Are you presently operating under a sublease agreement?

X

YES

NO
- (10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?

YES

NO

X

If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.
- (11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.

\$ 167,446

This amount is to be recorded on line 42 of Schedule V.
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?

No

If YES, attach an explanation of the allocation.

- (13)

Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes
- (14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?

N/A

For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.

\$ 83,741

Has any meal income been offset against related costs?

Yes

Indicate the amount.

\$ 2,415
- (16)

Travel and Transportation

a. Are there costs included for out-of-state travel?

No

If YES, attach a complete explanation.

b. Do you have a separate contract with the Department to provide medical transportation for residents?

No

If YES, please indicate the amount of income earned from such a program during this reporting period.

\$

c. What percent of all travel expense relates to transportation of nurses and patients?

100% Ln 14

d. Have vehicle usage logs been maintained?

Yes

e. Are all vehicles stored at the nursing home during the night and all other times when not in use?

Yes

f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

Yes

g. Does the facility transport residents to and from day training?

No

Indicate the amount of income earned from providing such transportation during this reporting period.

\$
- (17)

Has an audit been performed by an independent certified public accounting firm?

No

Firm Name:

The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached?

If no, please explain.
- (18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes
- (19)

If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?

Yes

Attach invoices and a summary of services for all architect and appraisal fees.

SEE ACCOUNTANTS' COMPILATION REPORT